

(1015,009 ancoming C\$15/0017 C\$015/0018 C\$015/0019

> 1407 W. North Temple, Suite 310 Salt Lake City, UT 84116

HAND DELIVERED

August 27, 2009

Daron Haddock
Environmental Manager
Division of Oil, Gas & Mining
Utah Department of Natural Resources
1594 West North Temple - Suite 1210
P.O. Box 145801
Salt Lake City, Utah 84114-145801

RE: Certificates of Liability Insurance, Policy No.X0720A1A09,
Des-Bee-Dove Mine C/015/0017, Deer Creek Mine C/015/0018,
Cottonwood Mine C/015/0019, Trail Mountain Mine C/015/0009
Policy Period from 8-28-2009 to 8-28-2010; Folder #2, Emery County, Utah

Dear Daron:

Enclosed are replacement liability insurance certificates for the referenced coal mine operations for the policy period of 8-28-2009 to 8-28-2010. Should you have any questions or need any additional information, please feel free to contact me at 801-220-4612.

Sincerely,

Scott M. Child

Manager, Lands & Regulatory Affairs

Enclosures

SMC\EnergyWest\DOGM 2009-03(certs).doc

cc:

C. Crane – IMC w/copy encl.

E. Snow, K. Fleck, D. Oakley - EWMC w/copy encl.

J. Rothenhoefer - LCT 1800 w/copy encl.

RECEIVED AUG 2 7 2009

DIV. OF OIL, GAS & MINING

Hamilton, Bermuda

CERTIFICATE OF INSURANCE

(Excess Liability)

This Certificate is furnished to the Certificate Holder named below as a matter of information only. Neither this Certificate nor the issuance hereof modifies the policy of insurance identified below (the "Policy") in any manner. The Policy terms are solely as stated in the Policy or in any endorsement thereto. Any amendment, change or extension of the Policy can only be effected by a specific endorsement issued by the Company and attached to the Policy.

The undersigned hereby certifies that the Policy has been issued by Associated Electric & Gas Insurance Services Limited (the "Company") to the Named Insured identified below for the coverage described and for the policy period specified.

Notwithstanding any requirements, terms or conditions of any contract or other document with respect to which this Certificate may be issued or to which it may pertain, the insurance afforded by the Policy is subject to all of the terms of the Policy.

NAME OF INSURED:

PacifiCorp dba Pacific Power, Rocky Mountain Power and PacifiCorp Energy

PRINCIPAL ADDRESS:

825 NE Multnomah, #1800, Portland, Oregon 97232

POLICY NUMBER:

X0720A1A09

POLICY

From: August 28, 2009

PERIOD:

To:

August 28, 2010

DESCRIPTION OF COVERAGE:

Claims-First-Made Excess Liability Policy covering claims for Bodily Injury.

Property Damage and Personal Injury arising from the operations described

below.

LIMIT OF LIABILITY: \$ 20,000,000 per occurrence and in the aggregate, where applicable.

ADDITIONAL

The Certificate Holder is an additional Insured under the Policy but only:

INSURED:

(i) to such extent and for such Limits of Liability (subject always to the terms and Limits of Liability of the Policy) as the Named Insured has agreed to provide insurance for the Certificate Holder under

the following contract: Des/Bee/Dove: C/015/0017

and (ii) with respect to the following operations:

Damage due to the use of explosives and subsidence is covered. Insurance Company will

notify State of Utah of any changes or cancellation.

Should the Policy be cancelled, assigned or changed in a manner that is materially adverse to the Insured(s) under the Policy, the undersigned will endeaver to give 45 days advance written notice thereof to the Certificate Holder, but failure to give such notice will impose no obligation or liability of any kind upon the Company, the undersigned or any agent or representative of either.

DATE: July 21, 2009

ISSUED TO: The State of Utah, Dept. of Natural Resources

("Certificate Holder")

Division of Oil, Gas & Mining

ADDRESS: 1594 West North Temple, Suite 1210, Salt Lake City, UT 84114-5801

Certified Original Copy

Signed by Steven E. Verbeski, Agent of Record

AEGIS INSURANCE SERVICES, INC.

BY:

CERTIFICATE OF LIABILITY INSURANCE Issued to: State of Utah Department of Natural Resources Division of Oil, Gas, and Mining

THIS IS TO CERTIFY THAT:

Associated Electric & Gas Insurance Services Limited (Name of Insurance Company)

ARGUS Insurance Building, 12 Wesley St. P.O. Box BM 1064, Hamilton, Bermuda (Home Office Address of Insurance Company)

HAS ISSUED TO:

PacifiCorp (Successor in interest to Utah Power & Light)
(Name of Permittee)

DES/BEE/DOVE (Mine Name) C/015/0017 (Permit Number)

CERTIFICATE OF INSURANCE:

X0720A1A09 (Policy Number)

8/28/2009- 8/28/2010 (Effective Date)

UNDER THE FOLLOWING TERMS AND CONDITIONS:

- A. The DIVISION Shall require the PERMITTEE to submit as part of its permit application a certificate issued by an insurance company authorized to do business in the State of Utah certifying that the applicant has a public liability insurance policy in force for the surface coal mining and reclamation operations for which the permit is sought. Such policy shall provide for personal injury and property damage protection in an amount adequate to compensate any person's injury or property damage as a result of the surface coal mining and reclamation operations, including the use of explosives and who are entitled to compensation under the applicable provisions of state law. Minimum insurance coverage for bodily injury and property damage shall be \$300,000 for each occurrence and \$500,000 aggregate.
- B. The policy shall be maintained in full force during the life of the permit or any renewal thereof, including the liability period necessary to complete all reclamation operations under this chapter.

IN ACCORDANCE WITH THE ABOVE TERMS AND CONDITIONS, and the Utah Code Annotated 40-10-1 et seq., the Insurance Company hereby attests to the fact that coverage for said Permit Application is in accordance with the requirements of the State of Utah and agrees to notify the Division of Oil, Gas, and Mining in writing of any substantive changes, including cancellation, failure to renew, or other material change. No change shall be effective until at least thirty (30) days after such notice is received by the Division. Any change unauthorized by the Division is considered breach of the RECLAMATION AGREEMENT and the Division may pursue remedies thereunder.

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Mel Butts (Agent's Name)

201-508-2779 (Phone)

AEGIS Insurance Services (Company Agent's Name)

1 Meadownlands Plaza (Mailing Address)

East Rutherford, NJ 07073 (City, State, Zip Code)

The undersigned affirms that the above information is true and complete to the best of his/her knowledge and belief, and that he or she is an authorized representative of the above-named insurance company. (An Affidavit of Qualification must be completed and attached to this form for each authorized agent of officer).

(Date, Signature and Title of Authorized Agent of Insurance Company)

Signed and sworn before me by

This 20

day of

2009

(Signature)

Notary Public, New Jersey
My Commission Expires 7-20-14

My commission Expires:

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RETENTION						
WORKERS COMPENSATION AND	//N					
ANY PROPRIETOR / PARTNER / EXECUTIVE		1		E.L. EACH ACCIDENT		
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						
If yes, describe under SPECIAL PROVISIONS belov				E.L. DISEASE-POLICY LIN	<u> </u>	
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Hamilton, Bermuda

CERTIFICATE OF INSURANCE

(Excess Liability)

This Certificate is furnished to the Certificate Holder named below as a matter of information only. Neither this Certificate nor the issuance hereof modifies the policy of insurance identified below (the "Policy") in any manner. The Policy terms are solely as stated in the Policy or in any endorsement thereto. Any amendment, change or extension of the Policy can only be effected by a specific endorsement issued by the Company and attached to the Policy.

The undersigned hereby certifies that the Policy has been issued by Associated Electric & Gas Insurance Services Limited (the "Company") to the Named Insured identified below for the coverage described and for the policy period specified.

Notwithstanding any requirements, terms or conditions of any contract or other document with respect to which this Certificate may be issued or to which it may pertain, the insurance afforded by the Policy is subject to all of the terms of the Policy.

NAME OF INSURED:

PacifiCorp dba Pacific Power, Rocky Mountain Power and PacifiCorp Energy

To:

PRINCIPAL ADDRESS:

825 NE Multnomah, #1800, Portland, Oregon 97232

POLICY NUMBER:

X0720A1A09

POLICY

From: August 28, 2009

PERIOD:

August 28, 2010

DESCRIPTION OF COVERAGE:

Excess Liability Policy covering claims for Bodily Injury, Property Damage and

Personal Injury arising from the operations described below.

LIMIT OF LIABILITY: \$ 20,000,000 per occurrence and in the aggregate, where applicable.

ADDITIONAL

The Certificate Holder is an additional Insured under the Policy but only:

INSURED:

(i) to such extent and for such Limits of Liability (subject always to the terms and Limits of Liability of the Policy) as the Named Insured has agreed to provide insurance for the Certificate Holder under

the following contract: Deer Creek: C/015/0018

and (ii) with respect to the following operations:

Damage due to the use of explosives and subsidence is covered. Insurance Company will

notify State of Utah of any changes or cancellation.

Should the Policy be cancelled, assigned or changed in a manner that is materially adverse to the Insured(s) under the Policy, the undersigned will endeavor to give 45 days advance written notice thereof to the Certificate Holder, but failure to give such notice will impose no obligation or liability of any kind upon the Company, the undersigned or any agent or representative of either.

DATE: July 21, 2009

ISSUED TO: The State of Utah, Dept. of Natural Resources

("Certificate Holder")

Division of Oil, Gas & Mining

1594 West North Temple, Suite 1210, Salt Lake City, UT 84114-5801 ADDRESS:

Certified Original Copy

Signed by Steven E. Verbeski, Agent of Record

AEGIS INSURANCE SERVICES, INC.

BY:

CERTIFICATE OF LIABILITY INSURANCE Issued to: State of Utah Department of Natural Resources Division of Oil, Gas, and Mining

THIS IS TO CERTIFY THAT:

Associated Electric & Gas Insurance Services Limited (Name of Insurance Company)

ARGUS Insurance Building, 12 Wesley St. P.O. Box BM 1064, Hamilton, Bermuda (Home Office Address of Insurance Company)

HAS ISSUED TO:

PacifiCorp (Successor in interest to Utah Power & Light)
(Name of Permittee)

DEER CREEK
(Mine Name)

C/015/0018 (Permit Number)

CERTIFICATE OF INSURANCE:

X0720A1A09 (Policy Number)

8/28/2009- 8/28/2010 (Effective Date)

UNDER THE FOLLOWING TERMS AND CONDITIONS:

- A. The DIVISION Shall require the PERMITTEE to submit as part of its permit application a certificate issued by an insurance company authorized to do business in the State of Utah certifying that the applicant has a public liability insurance policy in force for the surface coal mining and reclamation operations for which the permit is sought. Such policy shall provide for personal injury and property damage protection in an amount adequate to compensate any person's injury or property damage as a result of the surface coal mining and reclamation operations, including the use of explosives and who are entitled to compensation under the applicable provisions of state law. Minimum insurance coverage for bodily injury and property damage shall be \$300,000 for each occurrence and \$500,000 aggregate.
- B. The policy shall be maintained in full force during the life of the permit or any renewal thereof, including the liability period necessary to complete all reclamation operations under this chapter.

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UNDERWRITING AGENT:

Mel Butts (Agent's Name)

201-508-2779 (Phone)

AEGIS Insurance Services (Company Agent's Name)

1 Meadowlands Plaza (Mailing Address)

East Rutherford, NJ 07073 (City, State, Zip Code)

The undersigned affirms that the above information is true and complete to the best of his/her knowledge and belief, and that he or she is an authorized representative of the above-named insurance company. (An Affidavit of Qualification must be completed and attached to this form for each authorized agent of officer).

(Date, Signature and Title of Authorized Agent of Insurance Company)

Signed and sworn before me by

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This 20th

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ivette Brito
Notary Public, New Jersey
My Commission Expires 7-20-14

My commission Expires:

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ACORD 25 (2009/01)

AUTHORIZED REPRESENTATIVE

Hamilton, Bermuda

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the following contract:

Cottonwood/Wilberg: C/015/0019

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ISSUED TO: The State of Utah, Dept. of Natural Resources

("Certificate Holder")

Division of Oil, Gas & Mining

ADDRESS:

1594 West North Temple, Suite 1210, Salt Lake City, UT 84114-5801

Certified Original Copy

Signed by Steven E. Verbeski, Agent of Record

AEGIS INSURANCE SERVICES, INC.

BY:

CERTIFICATE OF LIABILITY INSURANCE Issued to: State of Utah Department of Natural Resources Division of Oil, Gas, and Mining

THIS IS TO CERTIFY THAT:

Associated Electric & Gas Insurance Services Limited (Name of Insurance Company)

ARGUS Insurance Building, 12 Wesley St. P.O. Box BM 1064, Hamilton, Bermuda (Home Office Address of Insurance Company)

HAS ISSUED TO:

PacifiCorp (Successor in interest to Utah Power & Light)
(Name of Permittee)

COTTONWOOD/WILBERG (Mine Name)

C/015/0019 (Permit Number)

CERTIFICATE OF INSURANCE:

X0720A1A09 (Policy Number)

8/28/2009- 8/28/2010 (Effective Date)

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Mel Butts
(Agent's Name)

201-508-2779 (Phone)

AEGIS Insurance Services (Company Agent's Name)

1 Meadowlands Plaza (Mailing Address)

East Rutherford, NJ 07073 (City, State, Zip Code)

The undersigned affirms that the above information is true and complete to the best of his/her knowledge and belief, and that he or she is an authorized representative of the above-named insurance company. (An Affidavit of Qualification must be completed and attached to this form for each authorized agent of officer).

(Date, Signature and Title of Authorized Agent of Insurance Company)

Signed and sworn before me by

This 20th day of Dugust, 2

, 2009

(Signature)

Notary Public, New Jersey

No Commission Expires 7-20-14

My commission Expires:

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INSURED	037 1400 PAX	(402) 097-1394	INSURER A: A:	ssoc Electric	& Gas Ins Serv Ltd	-AFGTS	00152L ·	
Pacific			INSURER B:			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Her
and Pac	fic Power, Rocky Mounta ifiCorp Energy	in Power	INSURER C:	***************************************				Holder Identifier
825 NE Portlan	Multnomah, #1800 nd OR 97232 USA							ğ
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X	COMMERCIAL GENERAL LIABILITY CLAIMS MADE OCCUR	Excess Liability			DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person)			
					PERSONAL & ADV INJURY	<u>-</u>		244
					GENERAL AGGREGATE	\$2	,000,000	345
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	POLICY PRO- LOC							570035845244
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(Mandatory	in NH)				E.L. DISEASE-POLICY LIMIT			쿒
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Damage due any changes	OPERATIONS/LOCATIONS/VEHICLES/EX to the use of explosive s or cancellation. wood/wilburg: C/015/0019	s and subsidence is	ENT/SPECIAL PROVISION COVERED. Insu	ns rance Company	will notify the Sta	ite of Ut	ah of	
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Resou 1594	of Utah, Dept of Natur rces, Division of Oil, W. North Temple, Ste. 1 Lake City UT 84180-1203	al Gas & Mining	SHOULD ANY OF THE A	BOVE DESCRIBED POLI	CIES BE CANCELLED BEFORE TO ENDEAVOR TO MAIL. TE HOLDER NAMED TO THE LEILIGATION OR LIABILITY TO REPRESENTATIVES.		cah of	ENGE 30430
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ACORD 25 (2	009/01)	4.GOPP		©1988-2009	ACORD CORPORATION	N. All rights		≣
	The	ACORD name and logo are	registered marks of	ACORD		•		-

Hamilton, Bermuda

CERTIFICATE OF INSURANCE

(Excess Liability)

This Certificate is furnished to the Certificate Holder named below as a matter of information only. Neither this Certificate nor the issuance hereof modifies the policy of insurance identified below (the "Policy") in any manner. The Policy terms are solely as stated in the Policy or in any endorsement thereto. Any amendment, change or extension of the Policy can only be effected by a specific endorsement issued by the Company and attached to the Policy.

The undersigned hereby certifies that the Policy has been issued by Associated Electric & Gas Insurance Services Limited (the "Company") to the Named Insured identified below for the coverage described and for the policy period specified.

Notwithstanding any requirements, terms or conditions of any contract or other document with respect to which this Certificate may be issued or to which it may pertain, the insurance afforded by the Policy is subject to all of the terms of the Policy.

NAME OF INSURED:

PacifiCorp dba Pacific Power, Rocky Mountain Power and PacifiCorp Energy

To:

PRINCIPAL ADDRESS:

825 NE Multnomah, #1800, Portland, Oregon 97232

POLICY NUMBER:

X0720A1A09

POLICY

From: August 28, 2009

PERIOD:

August 28, 2010

DESCRIPTION OF COVERAGE:

Excess Liability Policy covering claims for Bodily Injury, Property Damage and

Personal Injury arising from the operations described below.

LIMIT OF LIABILITY: \$ 20,000,000 per occurrence and in the aggregate, where applicable.

ADDITIONAL

The Certificate Holder is an additional Insured under the Policy but only:

INSURED:

(i) to such extent and for such Limits of Liability (subject always to the terms and Limits of Liability of the Policy) as the Named Insured has agreed to provide insurance for the Certificate Holder under

the following contract:

Trail Mountain Mine: C/015/0009

and (ii) with respect to the following operations:

Damage due to the use of explosives and subsidence is covered. Insurance Company will

notify State of Utah of any changes or cancellation.

Should the Policy be cancelled, assigned or changed in a manner that is materially adverse to the Insured(s) under the Policy, the undersigned will endeavor to give 45 days advance written notice thereof to the Certificate Holder, but failure to give such notice will impose no obligation or liability of any kind upon the Company, the undersigned or any agent or representative of either.

DATE: July 21, 2009

ISSUED TO: The State of Utah, Dept. of Natural Resources

("Certificate Holder")

Division of Oil, Gas & Mining

ADDRESS:

1594 West North Temple, Suite 1210, Salt Lake City, UT 84114-5801

Certified Original Copy

Signed by Steven E. Verbeski, Agent of Record

AEGIS INSURANCE SERVICES, INC.

BY:

CERTIFICATE OF LIABILITY INSURANCE Issued to: State of Utah Department of Natural Resources Division of Oil, Gas, and Mining

THIS IS TO CERTIFY THAT:

Associated Electric & Gas Insurance Services Limited (Name of Insurance Company)

ARGUS Insurance Building, 12 Wesley St. P.O. Box BM 1064, Hamilton, Bermuda (Home Office Address of Insurance Company)

HAS ISSUED TO:

PacifiCorp (Successor in interest to Utah Power & Light)
(Name of Permittee)

TRAIL MOUNTAIN MINE (Mine Name)

C/015/0009 (Permit Number)

CERTIFICATE OF INSURANCE:

X0720A1A09 (Policy Number)

8/28/2009- 8/28/2010 (Effective Date)

UNDER THE FOLLOWING TERMS AND CONDITIONS:

- A. The DIVISION Shall require the PERMITTEE to submit as part of its permit application a certificate issued by an insurance company authorized to do business in the State of Utah certifying that the applicant has a public liability insurance policy in force for the surface coal mining and reclamation operations for which the permit is sought. Such policy shall provide for personal injury and property damage protection in an amount adequate to compensate any person's injury or property damage as a result of the surface coal mining and reclamation operations, including the use of explosives and who are entitled to compensation under the applicable provisions of state law. Minimum insurance coverage for bodily injury and property damage shall be \$300,000 for each occurrence and \$500,000 aggregate.
- B. The policy shall be maintained in full force during the life of the permit or any renewal thereof, including the liability period necessary to complete all reclamation operations under this chapter.

IN ACCORDANCE WITH THE ABOVE TERMS AND CONDITIONS, and the Utah Code Annotated 40-10-1 et seq., the Insurance Company hereby attests to the fact that coverage for said Permit Application is in accordance with the requirements of the State of Utah and agrees to notify the Division of Oil, Gas, and Mining in writing of any substantive changes, including cancellation, failure to renew, or other material change. No change shall be effective until at least thirty (30) days after such notice is received by the Division. Any change unauthorized by the Division is considered breach of the RECLAMATION AGREEMENT and the Division may pursue remedies thereunder.

UNDERWRITING AGENT:

Mel Butts
(Agent's Name)

201-508-2779 (Phone)

AEGIS Insurance Services (Company Agent's Name)

1 Meadowlands Plaza (Mailing Address)

East Rutherford, NJ 07073 (City, State, Zip Code)

The undersigned affirms that the above information is true and complete to the best of his/her knowledge and belief, and that he or she is an authorized representative of the above-named insurance company. (An Affidavit of Qualification must be completed and attached to this form for each authorized agent of officer).

(Date, Signature and Title of Authorized Agent of Insurance Company)

Signed and sworn before me by

This day o

(Signature) Ivette Brito Notary Public, New Jerse

My Commission Expires 7-20

My commission Expires:

		FICATE OF LL	ABILITY IN	SURANCI	E P	ATE(MM/DD/ 08/21/2	YYYY) (009
Omal 112: Sui	Risk Services Central, Inc ha NE Office 13 Davenport te 201 ha NE 68154 USA	•	AND CONFERS CERTIFICATE	NO RIGHTS UPO DOES NOT AME	AS A MATTER OF II ON THE CERTIFICA' ND, EXTEND OR AL' E POLICIES BELOW	TE HOLDER. TER THE	
		(402) 697-1594	INSURERS AF	FORDING COVE	RAGE		NAIC
SURED		(402) 037-1394	INSURER A: AS	soc Electric	& Gas Ins Serv L	td -AEGIS	00152
db I	ifiCorp Pacific Power, Rocky Mounta	in Power	INSURER B:				
and 825	PacifiCorp Energy NE Multnomah, #1800		INSURER C:				
Port	tland OR 97232 USA	,	INSURER D:				
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					PROPERTY DAMAGE (Per accident)		
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CERTIFICATE HOLDER

CANCELLATION

State of Utah, Dept of Natural Resources, Division of Oil, Gas & Mining 1594 W. North Temple, Ste. 1210 Salt Lake City UT 84180-1203 USA

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 45 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

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